

with gastrointestinal cancer. Unfortunately, oxaliplatin-induced peripheral neuropathy (OIPN) occurs in about 90% of patients suffering acute neuropathy with distal paraesthesia and cold-triggered dysaesthesia and 15–20% leading chronic neuropathy with painful sensations. However, the nonpharmacological neuroprotective strategies on management of OIPN are few. The purpose of this study is to investigate the effects of laser acupuncture on alleviation of OIPN-induced sensory impairments in gastrointestinal cancer patients.

Methods: Patients ($n=13$) with gastrointestinal cancer received oxaliplatin administration were routinely referred from the Department of Oncology and Cancer Center. All of the subjects suffered from OIPN. Low-level laser stimulation (50 mW, 60 J) at acupoints of Neiguan (PC6), Daling (PC7), Lao-gong (PC8), Chongchung (P9), Shao shang (LU11), Sanyinjiao (SP6), Taixi (KI3), Kunlun (BL60), Yongquan (KI1), Rangu (KI2) were conducted for 20 minutes/point for 12 times. Measurements on von Frey test, Pain Quality Assessment Scale (PQAS), Chemotherapy-Induced Peripheral Neuropathy Scale (CINQ), Oxaliplatin-Specific Neurotoxicity Scale (OSNS) were performed before and after 12 sessions of treatment.

Results: Significant improvements ($p<0.05$) were found on cold allodynia, mechanical sensory threshold, scores of PQAS and CINQ after a 12-session programme of laser acupuncture in gastrointestinal cancer patients with OIPN.

Conclusion: Laser acupuncture improves sensory impairments and neurotoxicity severity induced by OIPN in cancer patients and may also offer an adjuvant therapy on reduction of neurological adverse effects of chemotherapy.

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Analgesic effects of low-level laser therapy in a rat model of chronic neuropathy induced by long-term administration of oxaliplatin

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Background and purpose: Long-term infusion of oxaliplatin, which is a platinum-based chemotherapeutic agent widely used to treat metastatic colorectal cancer, induces specific sensory neurotoxicity signs that are triggered or aggravated when exposed to cold or mechanical stimuli. Low-level laser therapy (LLLT) is usually used on the managements of pain, allodynia, and nerve repair in clinical trials. However, there is few data to conduct the effects of LLLT on managements of oxaliplatin-induced peripheral neuropathy (OIPN). The anti-allodynic effects of LLLT on OIPN in rats were investigated in this study.

Methods: Adult male SD rats ($n=22$, 250–300 g) were divided randomly into three groups based on the treatments: vehicle ($n=6$), oxaliplatin injection only ($n=8$), oxaliplatin combined with LLLT treatment ($n=8$). Oxaliplatin was intraperitoneally (i.p.) injected at 4 mg/kg on two alternate days for a total of 12 doses. The vehicle control group received the same volume of a 5% glucose solution through the same injection route. After completion of 12-dosage oxaliplatin, LLLT (4.5 J/cm² of energy density) were applied to the four limbs for 12 days consecutively. Sensory assessment including acetone tests, cold-water immersion, von Frey filament test, and transient receptor potential (TRP) channel-evoked nocifensive behaviours were recorded before and after oxaliplatin administration and LLLT treatments.

Results: LLLT significantly increased the mechanical withdrawal threshold, reaction time for acetone stimulation and cold-water immersion and decreased capsaicin- and menthol-evoked nocifensive behaviour ($p<0.05$).

Conclusion: For chronic peripheral neuropathy induced by repetitive administration of oxaliplatin, LLLT may improve the cold and mechanical allodynia.

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Cognitive-motor interference during gait in healthy adults: What matters?

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Background and purpose: Cognitive-motor interference (CMI) defines as the deterioration of motor or cognitive (or both) performance under dual-task as

compared to single-task conditions. CMI occurs during walking but the pattern of interference is unclear. In addition, the motor and cognitive task difficulty may have different effects on CMI. The purpose of this study is to investigate the pattern of CMI and to explore the effects of cognitive and motor task difficulty on CMI in healthy adults.

Methods: Community healthy adults were recruited using convenience sampling. Subjects performed single motor tasks (1-minute walk with and without obstacles), single cognitive tasks (Auditory Stroop Test and Clock Task) and motor-cognitive dual tasks with single tasks performed prior to dual tasks. The tasks represented different difficulty levels and measured walking distance, reaction time and response accuracy. Repeated measures ANOVA (3×2) were used to compare performances between single- and dual-task conditions.

Results: Twenty subjects (14 females, 6 males) with a mean age of 57.2 years participated. There was a significant motor-cognitive interaction effect with distance walked ($p<0.05$). In single-task condition, the distance walked in 1-minute walk was 3.57 m less than that in 1-minute obstacle walk ($p<0.001$). Adding the Stroop or Clock tasks led to a disproportionate reduction in distance in 1-minute walk (by 5.48 m and 7.83 m respectively, $p<0.05$). Accuracy rate in single-task condition significantly decreased by 16.7% ($p<0.05$) in Stroop Tests compared to Clock Tasks but no significant interaction effect was identified in dual-task conditions. Reaction time in single-task condition significantly increased in Clock Tasks compared to Stroop Test by 0.796 s ($p<0.001$). Adding 1-minute walk and 1-minute obstacle walk led to a reduction in reaction time by 0.276 s and 0.214 s respectively ($p<0.005$).

Conclusion: Healthy adults appear to prioritize reaction time and accuracy over motor performance in cognitive-motor dual-task conditions irrespective of cognitive task complexity. For dual-cognitive situations, they appear to aim for correct rather than fast responses.

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Importance of back core exercises and its role in reducing back pain in office work

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Background and Purpose: Posture awareness and exercises habits are the key factors for our clients to prevent injuries during daily functions. In this study, we explored the importance of back core exercises and its role in reducing back pain in daily office work.

Methods: One group pre-test and post-test method was used. Cases (mean age, 38 years; female-to-male ratio, 18:7). They worked in banks and were display screen equipment (DSE) users. All cases had experienced episodes of low back pain within the past 6 months. The programme was divided into four main sessions: a consultation and assessment session, two Pilates Classes consisting of back core exercise training, and a follow-up evaluation and consultation session. Clients were evaluated at baseline (first session) and again after one month (follow-up session). Evaluations included objective assessment of the mobility of the cervical and lumbar spine pain, and self-report of postural awareness and physical fitness, level of pain and frequency of exercise.

Results: A total of 50 participants were enrolled into this programme. There was increased mobility of the neck in rotation and side flexion movements in 67% of the patients with neck pain. 71% of the patients with back pain had increased mobility of the lumbar spine into flexion, extension and side flexion after six week programme ($p<0.03$). For the improvement of the postural awareness and physical fitness, 30% of the participants reported improving 50% or more, 42% reported improving over 30% or more. 32% complained of neck pain, 28% complained of back pain and 50% had both neck and back pain. 68% of the participants reported improved on back pain. 80% of the clients followed exercise plan at all and increased exercise habits in weekly.

Conclusion: The programme was to provide health awareness and physical fitness in our clients. Also, with the change in exercise habits by means of our specific exercise programme, clients can prevent potential injury in their working environment.

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